

## Cross Roads Hormonal Health & Wellness Financial Policy

Thank you for choosing Cross Roads Hormonal Health & Wellness as your health care provider. We are committed to providing you exceptional healthcare. As a part of our professional relationship, it is important that you have an understanding of our financial policy. Please read and sign this form. If you have any questions regarding this policy or would like a copy for your records please let us know.

**Payment:** Copayments, Coinsurance and/or deductibles are due at the time of service. We will estimate the amount you are responsible for based on information provided to us by your insurance company. Once the insurance processes your claim this amount may change, if this occurs, you will either receive a refund for overpayment or you will be responsible for any amount that the insurance now states is your responsibility. We will send a statement notifying you of any balances you may owe. Please call our office if you have any questions regarding a statement that you have received from us. If you are unable to pay the balance within 30 days of the date on the statement please call our office to arrange a payment schedule. We understand that financial issues can occur and are willing to work with you if needed. Failure to pay your balances or set up a payment schedule for those balances may result in late fees. If your account has to be assigned to a professional collection agency you will receive a certified letter stating that you can no longer receive services from Cross Roads Hormonal Health & Wellness. So please call us and give us the chance to come up with something that will work with your budget.

**Private Pay:** If you do not have insurance you will be responsible for payment at the time of service. You will receive a 25% discount for payment in full on the day services are rendered. If you are an obstetric patient, payment in full is due by your 28<sup>th</sup> week of pregnancy. These arrangements will be made with our billing administrator.

**Insurance:** Your insurance coverage is an agreement between you, your insurance company, and possibly your employer. It is your responsibility to know and understand your benefits. Our relationship is with you, the patient, not your insurance provider. Before receiving services, you must verify that we are participating providers with your insurance company. You are financially responsible for services not covered by your insurance policy.

**Surgery/Procedures/Pregnancy:** Our office will verify your benefits and obtain prior-authorization for these services. The estimated amount that your insurance company states you are responsible for will be due before services are rendered. (*Surgery - at your pre-op appointment; Procedures – 10 days before the procedure appointment; Pregnancy - by 28<sup>th</sup> week of pregnancy*) \*Please note the estimated amount given by the insurance company is only an estimate and on occasion changes once the claim has been filed. If this occurs you may receive a refund or be billed for the difference. **If for any reason you decide you need to cancel your procedure please contact our office no later than the Thursday prior to your scheduled procedure to avoid being charged a \$200.00 non-refundable fee for failure to cancel appointment.**

**Returned Checks:** A \$25.00 fee will be applied to all returned checks

**FMLA/Short Term Disability Forms:** We will fill out one form per pregnancy/procedure free of charge. There will be a \$25.00 charge for any additional forms needed.

**Missed Appointments:** **If you are unable to keep your appointment, we ask that you call at least one business day before your scheduled appointment. If you miss more than one appointment without calling to cancel or reschedule at least one business day in advance, your account will be billed \$40.00.**

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Patient Signature	Printed Name	DOB	Date
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